



BUSINESS REGISTER
GOVERNMENT MWALI

THE AUTONOMOUS ISLAND OF MWALI (MOHÉLI) REGISTRAR OF COMPANIES
ANTI MONEY LAUNDERING UNIT

CONFIDENTIAL

SUSPICIOUS ACTIVITY REPORT

Date of this Report:

Date of Original Report (if applicable):

Case No. (if known):

1. REPORTING ENTITY DETAILS:

Name of Reporting Entity:

Reference of Reporting Entity:

Address of Reporting Entity:

Name of Money Laundering Reporting Officer:

Note: The name of an individual who is authorized to discuss the contents of this report must be provided.

Phone number:

Fax number:

Direct private fax: yes

no

Do you wish to be contacted prior to faxes being sent to this number: yes

no

Type of Reporting Entity:

(i.e. bank, trust company, mutual fund administrator, insurance manager, real estate agent etc.)

Nature of service(s) provided to the individual and / or entity that is the subject of this report:

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2. SUBJECT(S) OF REPORT (Natural Persons):

Note: Please attach additional sheets as necessary.

Surname:	First Name:	Gender:
Date of Birth:	Place of Birth:	Nationality:
Occupation/Profession:		
Address(es):		
PO Box:	Street No. and Name:	City/Town
State/Province	Country	Zip/Postal Code:
Telephone No:	Fax No.:	E-Mail:
Identification Document Type: (i.e. passport, driver's license etc.)		
Identification Document Number:		
Date of Issue:		
Place of Issue:		
Account number(s) if applicable:		
Other signatories on the account. (Please include relevant KYC details):		
Other Information:		

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3. SUBJECT(S) OF REPORT (Legal Entities)

Note: Please attach additional sheets as necessary.

Entity Type (company, trust, partnership, charity, other):

Name of Entity:

Jurisdiction of Incorporation/Registration:

Date of Incorporation/Registration:

Purpose of Entity:

Registered Office Address (or address of Trustee or General Partner etc.):

Business Address (if different from registered office address):

NOTE: Please include relevant information for entity type (i.e. settlor and beneficiary information for a trust). For each of the following which is a follow please provide the information noted in Section 2.

Shareholder(s):

Name(s):

Director(s):

Name(s):

Ultimate Beneficial Owner (s) if different from above:

Name(s):

Account number(s) if applicable:

Other signatories on the account: (Please include relevant KYC details):

Other Information:

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4. OTHER FINANCIAL SERVICE PROVIDERS INVOLVED IN ACTIVITY:

Name(s):

Address(es):

Account number(s) if applicable:

Other Information:

5. REASON FOR SUSPICION

Note: Please include relevant details including date business relationship established/declined, source of funds, value of assets currently held if any and nature of the suspicion. Attach additional sheets as necessary.

Signature of Money Laundering Reporting Officer